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A Qualitative Examination of the Preparedness of African American Pastors to Address Issues of Addictions

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Abstract

This study qualitatively explored the preparedness of African American pastors to meet the needs of parishioners with addictions. Findings indicated that African American pastors do not always perceive themselves to be prepared to address issues of addiction, and existing cultural barriers challenge collaboration between human services practitioners and African American pastors. Findings also revealed that despite existing cultural barriers, African American pastors are willing to collaborate with professionals who offer educational opportunities in culturally relevant ways. Human services professionals' ability to understand cultural nuances of African American pastors is of paramount concern to effectively enhance the quality of life for clients utilizing faith-based interventions to meet the needs of individuals with addiction. Recommendations for strategies for human service professionals to build collaborations with pastors of African American churches are provided.

Keywords: African American pastors, addiction, cultural barriers, faith based interventions

A Qualitative Examination of the Preparedness of African American Pastors to Address Issues of Addictions

The field of human services is being tasked with responding to increased substance use and addiction, specifically the usage of opioids and other illicit substances, initiating an ongoing national crisis and the need for innovative treatments for active recovery (Ali et al., 2015; Corrigan & Nieweglowski, 2018; Winfield & Rehfuss, 2019). The need for holistic treatment approaches to assist individuals experiencing substance use and addiction has been recognized and supported on a national level with legislation such as the Comprehensive Addiction and Recovery Act, Mental Health Parity and Addiction Equity Act of 2008, and the Affordable Care Act (ACA) of 2010, all of which provide funding for addiction services and treatment (McConnell et al., 2012; Roberts et al., 2016; Vincent & Reed, 2014). Researchers support and argue the need for more addiction practitioners, specifically those in the human services discipline, to respond to this ongoing epidemic (Winfield & Rehfuss, 2019; Winfield et al., 2016).

In responding to the opioid epidemic, addiction treatment models that are tailored to the unique needs of the client and emphasize holistic person-centered care are encouraged and supported (Masaud et al., 2018). This finding is further emphasized for individuals with substance use disorders who also identify as members of culturally diverse or minority groups, such as African Americans, who commonly utilize faith-based coping mechanisms to address issues of addiction (Avent & Cashwell, 2015; Blakey, 2016). Despite this need in the African American community, in the wake of the U.S. opioid epidemic, existing racial and ethnic stigma reduces the likelihood that African Americans will seek treatment through traditional therapy methods, creating a barrier between evidence-based addiction treatment and this population (Department of Health and Human Services, 2018; Whitley, 2012).

According to the National Organization of Human Services' ([NOHS], 2015) professional code of ethics, Standard 27, human services professionals are mandated to use evidence-based approaches that are within their scope of practice in addiction treatment. Adhering to their ethical standards and remaining within their scope of practice limits human services professionals' ability to explore issues of spirituality, religion, and other culturally specific factors with clients without additional training and education (Masaud et al., 2018). However, supporting the need for holistic treatment, the use of interprofessional collaboration with religious and spiritual support persons such as pastors, clergy members, or other religious figures is not uncommon in the course of addiction treatment (Dilorenzo et al., 2001; Moseley, 2017; Mustain & Helminiak, 2015). Despite such trends, little is known about the preparedness of culturally specific faith-based institutions, such as African American Churches, to address the needs of parishioners who struggle with addiction. This study was designed to investigate this issue by exploring a central research question: To what extent do African American pastors perceive themselves to be prepared to address addiction issues within their congregations? It was hoped that such an investigation would yield insight for how human services professionals can support and strengthen faith-based institutions, such as African American churches, with additional resources and knowledge regarding the opioid epidemic.

Literature Review
Spirituality, Religion, and Addiction Recovery

Over the years, practitioners in the addiction field have developed and explored several models of addiction treatment and recovery based on current trends, existing research, and socio-cultural norms (Fisher & Harrison, 2018). Researchers suggest spirituality is a vital component to addiction recovery for many individuals experiencing a substance use disorder (e.g., Cook, 2004). Historically, the relationship between spirituality and addiction has not always been a positive one, with many major religions—specifically Protestant-affiliated—viewing addiction as sinful and immoral or a sign of weak character or bad personal choices (Sneed et al., 2019). The relationship between spirituality and addiction recovery lies in the emotional turmoil the individual experiences because of their active addiction, with feelings of guilt, shame, hopelessness, powerlessness, and alienation (Sneed et al., 2019). During active addiction, it is common for individuals to compromise moral values, as knowledge of self and personal goals are given up in favor of erratic behavior that increases as the addiction progresses (Sneed et al., 2019). Such erratic behaviors include but are not limited to: increased lack of control; inability to decrease or control the amount of use; abandoning commitments; ignoring relationships; ignoring risk factors like sharing needles; unprotected sexual behaviors despite potential consequences; missing important obligations like work, school, or parenting; and increased secrecy, like lying about the amount of substance used or how their time is spent (Sussman et al., 2017). This cycle often leads to increased usage to alleviate the guilt, shame, and other negative outcomes from active usage (McGee, 2020).

Although spirituality has a moral history with addiction, incorporated within the disease model of addiction, the use of spirituality has been found to be a vital protective factor against relapse for individuals who value religion and spirituality in their lives (Blakey, 2016; Cook, 2004; McGee, 2020). Once a person enters recovery, it is important to address their moral values and religious needs as a component to treatment and of person-centered care (Blakey, 2016; Borkman et al., 2007; Fisher & Harrison, 2018; McGee, 2020; Moseley, 2017; Mustain & Helminiak, 2015; National Institute on Drug Abuse, 2014). Specifically as it relates to African

Americans, the incorporation of spirituality in addiction treatment has been found to have the benefits of assisting those with underlying trauma, mental health, or other needs that support active addiction if left untreated (Blakely, 2020; Bliss, 2009).

Human Services and Addiction Recovery with African Americans

Human services practitioners' position on the front lines of addressing the needs of individuals and families who experience crises related to drug addiction make it imperative for them to understand the intersectionality of addiction respective to race and economic status in order to equitably serve clients (Neukrug, 2017; Tarver & Herring, 2019; Whitely, 2012). For example, human services practitioners who work as intake coordinators, drug screeners, and resource advocates are the first point of contact for individuals experiencing issues of addiction. These professionals are not only charged with delivering direct services, but also building a rapport with clients that will support and encourage them to seek necessary treatment. However, too often African Americans have experiences that are discriminatory, which may reduce the likelihood that they will seek traditional services (Avent et al., 2015). In such instances, African American pastors may become another front-line professional positioned to meet the needs of African Americans experiencing issues of addiction.

According to Avent and Cashwell (2015), "nearly 80% of African Americans identify religion as important compared to only 50% of the general population" (p. 81). Consequently, African Americans who are personally or vicariously impacted by addiction are likely to utilize coping strategies in line with their religious affiliation, such as going to church, reading the Bible, praying, and listening to gospel music (Whitley, 2012). This makes African American pastors "the first line of support for parishioners' mental health and recognizing adaptive and maladaptive forms of coping" (Avent et al., 2015, p. 32).

It is important for human services professionals to understand the strengths and challenges African American pastors experience when helping parishioners struggling with addiction. Such an understanding would better equip human services practitioners to offer culturally relevant treatment options for African American clients who seek faith-based interventions for addressing addiction issues. It is imperative that human services professionals understand the intersectionality of addiction respective to race and economic status (Whitley, 2012). Such an understanding would offer human services professionals knowledge about culturally relevant interventions clients might seek out and ways to support these resources to adequately meet their needs.

Method

This qualitative study was approved by a university IRB to utilize focus groups, surveys, and individual interviews to investigate the preparedness of African American pastors to meet the needs of parishioners who have substance use and addiction recovery needs. Data were analyzed using thematic analysis (Braun & Clark, 2006). This study was funded by a grant awarded from NOHS. The following sections describe the research team, sample, and data collection and analysis details of the study.

Research Team

The research team was composed of five African American people. The first author was an assistant professor with a mental health background, and the second author was a senior lecturer and clinician specializing in substance abuse. Both train human services practitioners

within a southeastern state. The third and fourth authors were doctoral counseling graduate students at the time of the study. Both the faculty and graduate students had insider knowledge of the cultural nuances of African American churches. The fifth author was a local pastor of an African American church. He was actively engaged in the study from start to finish to ensure that it addressed the nuances of pastoral culture. The pastor was the only male on the research team.

Sample
Recruitment
A convenience snowball sampling technique was used to identify a sample for this study (Creswell, 2013; Glesne, 2006). Upon identifying the first research participant in the study, the researchers implemented snowball sampling methods by asking each participant to identify an additional list of pastors they knew who might be interested in the study. One of these pastors invited the lead researcher to attend a local pastoral conference in a southeastern state and welcomed them to make an announcement and distribute flyers at the conference. At the termination of recruitment, two focus groups were conducted ($n = 9$). Seven of the 9 pastors who participated in the focus groups also volunteered to participate in the individual interviews, and one pastor contacted from the pastors' conference also agreed to be interviewed.
Participants
All study participants identified as African American, male, Baptist preachers. All participants were married and 55% ($n = 5$) of the participants reported having pastored 10 or more years. All participants reported that they pastored predominantly African American churches within a southeastern state. Two-thirds ($n = 6$) of the pastors had at least a 4-year degree and 33% ($n = 3$) had an advanced degree. There was variation in the size of the churches each pastor led; however, the sample represented was limited to relatively smaller churches: 44% ($n = 4$) of participants led congregations of 26-50 members, 33% ($n = 3$) led churches with over 51 members, and 22% ($n = 2$) had less than 25 members. Table 1 highlights variations of the church sizes participants reported.

Table 1

Church Size

Members	Frequency	%	Cumulative %
Under 25	2	22.2	22.2
26-60	4	44.4	66.7
51-100	1	11.1	77.8
101-150	1	11.1	88.9
151 and Over	1	11.1	100.0

Data Collection and Analysis
Data were collected for this study through two focus groups and eight individual interviews. The focus groups and interviews were audio-recorded, transcribed, and de-identified for the purposes of data analysis. Each focus group ranged from 70-90 minutes; each interview lasted from 25 minutes to 1 hour and 30 minutes. All participants were asked to complete a 10-item survey that assessed pastoral demographic information, demographic information about the congregations, and the quantified information about the pastor's ideologies on addiction. At the

conclusion of each focus group a $25 gift card was raffled. All participants of the individual interviews were provided a $15 gift card for their participation.

Braun and Clarke's (2006) method of thematic analysis was used for this study. This 6-step method included (a) immersion into the data, (b) development of data coding, (c) identifying emergent themes, (d) review of selected themes, (e) definition of themes, and (f) finalizing the findings. This process began with repeatedly listening to the audio files from the interviews and focus groups. Analysis continued with multiple iterations of quality control checks of the transcriptions generated by an online software for accuracy. This was done for a minimum of three iterations. The next steps involved memoing to develop data codes, identification of themes, and review of emergent themes to ensure they accurately reflected the data. After the transcription process concluded, the researchers began developing steps five to ensure represented accuracy in the areas of fidelity, validity, and triangulation. The final step six resulted in the presentation of findings as presented below.

Trustworthiness

According to Shenton (2004) addressing trustworthiness is an essential aspect of qualitative research "to promote confidence that [researchers] have accurately recorded the phenomena under scrutiny" (p. 64). Within this study, trustworthiness was established through the strategic selection of research methodologies, triangulation of methods, incorporation of peer scrutiny, and clarifying researcher bias. Collectively, trustworthiness addresses what quantitative researchers conceptualize as internal validity (Shenton, 2004). The ways in which trustworthiness was employed in this study are detailed in the sections that follow.

Research Methods

The primary qualitative methods used for this study were focus groups and individual interviews. The focus groups were designed to both scrutinize the soundness of the research protocol from the perspectives of African American pastors, who were the primary population being assessed, and to collect preliminary data from African American pastors prior to the individual interviews. The information from the focus groups allowed researchers to expand, revise, and eliminate questions from the interview protocol as it related to the actual experiences of African American pastors. The individual interviews included structured, non-structured, closed, and open-ended questions that were informed by existing research as well as the data collected from the focus groups. This methodology allowed participants to discuss relevant and meaningful phenomena from their unique perspectives (Creswell, 2013; Glesne, 2006; Shenton, 2004).

Triangulation of Research Methods

This study applied triangulation through established qualitative research methodologies combined with a research survey. All participants were asked to complete a 10-item survey that collected pastoral demographic information, congregation demographics, open-ended information about participants' religious/spiritual training, and their perceptions of various beliefs of the origins of human addictions as defined by Capuzzi and Stauffer (2016). Although survey research is traditionally used with quantitative research, descriptive surveys that include open-ended questions contributing to the collection of qualitative data have been used in previous studies (McCoy, 2013).

Incorporation of Peer Scrutiny

This study used peer scrutiny as part of the research process to strengthen the interpretation of the findings. We sought out peer scrutiny by consulting colleagues on the

research design and interpretation of findings. In addition, the findings offered in this study represent in-depth data analyses that received peer scrutiny from two different professional conference contexts. This allowed human services professionals, including African American human services professionals, and African American pastors (who also identified as human services professionals), to scrutinize the study from protocol to interpretation and implications of the findings. The feedback provided within these various contexts was also incorporated into the findings and implications of this study.

Clarifying Researchers' Bias

When researchers address issues of trustworthiness by clarifying their bias, they are acknowledging their subjectivity instead of assuming that such biases can be removed. This strategy for addressing trustworthiness is critically important to conducting qualitative research (Creswell, 2013). The research team was assembled to incorporate a diversity of experiences and worldviews related to the study. The team, detailed in the previous section, had intimate knowledge of African American churches, addiction related issues, and human services professional guidelines to varying degrees. The lead author, one of the graduate students, and the pastor regularly attended an African American church. This background was important to reference regarding the cultural nuances of the sample. For example, these individuals were able to clarify and deconstruct religious terminology, protocols, and cultural experiences of African American pastors. The second researcher and the other graduate student had expert knowledge related to clinical interventions of addictions. Their expertise and clinical credentials as licensed counselors provided insight into the study design, interpretations, and implications. In addition, their un-affiliation with African American churches allowed the team to address the potential influence of existing bias presented in the study. The first four authors had experience training human services professionals, and the pastor had insight into pastoral culture. Collectively, when biases emerged, the unique lens of the other research team members allowed for those biases to be evident and challenged throughout the investigation.

Findings

Findings from this investigation revealed various themes that answer the question guiding this study: To what extent do African American pastors perceive themselves to be prepared to address addiction issues within their congregations? The themes identified included: *Existing Gaps in Addiction Knowledge*, *Barriers to Collaboration*, and *How to Connect with African American Pastors*. In addition to these themes, all themes exposed a pattern revealing *Nuanced Pastoral Culture*. This pattern was included as an important theme because it appeared to be a thread for understanding all other themes addressing the guiding research question. Collectively all four of themes described in the sections that follow offer critical insight into the context of African American pastors and how human services professionals can collaborate with them to meet the needs of clients who seek culturally relevant faith-based solutions for issues of addiction.

Nuanced Pastoral Culture

African American pastors who participated in this study consistently described nuanced aspects of pastoral culture that contextualized their roles and responsibilities as pastors. These nuanced characteristics influenced the amount of time and attention that participants perceived themselves to have to attend to issues of addiction. They described that pastoral culture includes wearing multiple hats and being 24/7 helpers to accomplish their pastoral responsibilities.

Understanding nuanced pastoral culture is imperative to situating the experiences of African American pastors who are called to address issues of addiction within their congregations.

Multiple Hats

Like many helping professionals, pastors described their pastoral responsibility as wearing multiple hats that required them to simultaneously fulfill multiple roles due to being leaders of small congregations. They attributed the number of various roles they had to fulfill as directly related to having fewer people to do the work necessary in each of their churches. However, a key distinction they noted were the instances when their multiple hats were within the context of their churches, versus the instances when they had to wear multiple hats outside of their churches. One pastor reported, "Our first and foremost responsibility is to preach the Gospel. Nothing is higher than that. After preaching the Gospel, and equipping the Saints, we have a lot of secondary responsibilities." Various pastors identified secondary responsibilities, including conducting weddings and funerals, nurturing and feeding the community, counseling, and caregiving in various capacities. During the focus group, one pastor described his role to include:

> All the leg work behind the scenes, you know, the handyman work and all because we're not so big. I tend to take care of all of that. You know, the sign [is] coming down off of the building now. So, when I get out of here, I'll go there and then put the sign back on and…making sure the grass is cut…You know God is in charge, and you can't let the folks see the frustration. Even if something [is] going on in the home, you still got to come [to church] with that face, because people see, people read faces. So, all of that is what comes along with [being] the pastor.

Multiple participants nodded in agreement of these statements. Another pastor explained the multiple hats that pastors wear by saying:

> What I have found out is preaching is only 5% of what a pastor does. All of the times, you have to do other things. You have to be mindful of people's position and where they are…ministering out on the street, to the drug addicts, to everybody—you have to renew them, bring them back, pray for 'em, counseling, give them what they need. If you want to be impactful.

Other pastors extended their descriptions of the multiple hats they wear to also include visiting people in the hospital and generally meeting the demands of others with their physical presence. Some pastors explained that the demand for their presence is so persistent that delegating to other leaders in their churches is not always effective. For example, during an individual interview one pastor shared:

> I heard somebody say that we should delegate, you know, that's a great idea. It don't always work, because I've tried it. I remember a member calling and saying they're in the hospital and so I call one of my deacons and say go over and see how they're doing, lead prayer with them. But they wanted to see the pastor, they did not want to see the deacon.

Another pastor in the focus group added, "the people want to see you, they want you to be there, but if we don't get the proper rest we need, we'll be in the next room beside them."

24/7 Helpers

All participants identified one challenge of their roles as being the round-the-clock nature of their positions. Pastors described getting called on at all times of the day and night to meet the needs of their congregations. Many elaborated that even when they are on vacation, they are still accessible in the event of an emergency. Consistently, study participants talked very candidly

about the challenges of their role and the costs that they experienced. One pastor stated, "Prioritizing is tough." Another explained:

> It's really difficult because everything comes up. This job will kill you if you let it. I talked to three pastors last week. One has got heart disease, one's got pancreatic cancer, and one has other related issues. This job would wear us out if we let it. So, we have to pace ourselves. God didn't call us to kill ourselves in this job, but he called us to endure it and work.

In addition to the responsibilities of their pastoral roles, several participants described the challenges of acknowledging their limitations. For example, one participant described:

> You have to realize that you're only one person. You can't be in a million places at once. We have a tendency to try to do that. We stretch ourselves too far. And sometimes it can cost you, put you into bad health. Because pastors have a heart for the people. He or she is willing to do all they can and do the very best they can to fulfill every need.

Conversely, several pastors explained that although they recognized their limitations in meeting the needs of their congregation, they were often conflicted by their personal commitment to do all they could for others. For example, one participant explained, "Sometimes having a heart for the people is our biggest threat. Having a heart for the people will make you do some things that neglect yourself in some areas that you should not be neglecting yourself." All participants concurred that such challenges take a toll on both their health and personal familial relationships. One participant explained, "That's why some pastors find themselves in the divorce court because they have neglected their spouses for the people. It will cost you…Men ought to always pray. And pastors ought to pray double." Collectively, participants described that being a pastor was inevitably characterized by wearing multiple hats and fulfilling obligations that resulted in them being 24/7 helpers. This nuanced reality of pastoral culture also impacts how pastors perceived themselves to be able to specifically address issues of addiction.

Existing Gaps in Addiction Knowledge

Despite the deep commitment that participants maintained to assist their parishioners with any issue that emerged, all participants reported that there were gaps in their knowledge and understanding of issues of addiction. They perceived such gaps to be reflective of two specific aspects of addiction: education and assessment. All participants revealed that they had limited education, awareness, and understanding of issues of addiction. Many participants also perceived themselves to have limited knowledge of and experience with conducting assessments of addiction related issues.

Education

All pastors in the study explained that their willingness to participate was driven by their desire to learn more about issues of addiction. They unequivocally affirmed their belief that understanding issues of addictions was critical to their pastoral role. One participant explained, "Receiving education and training is critical to helping others and it is critical to expanding and increasing our influence, not just in our local church, but in the community as well." Similarly, another pastor asserted:

> It's imperative that that pastors be educated. They have to be taught too…[we] can't teach what we don't know. It's just imperative that pastors be educated, because they're going to be faced and challenged with various issues and situations, and they really need to know how to handle them.

Several pastors reported that they regularly attend professional development workshops, participate in pastoral conferences addressing various social issues, read professional journals that offer insight on social issues, and are committed to consulting with other pastors to educate themselves in ways that will enhance their pastoral role. However, most of the participants shared that little to no information from the trainings or articles they had been exposed to was directly related to issues of addiction, despite the fact that most of them felt it was a concern for at least some of the individuals and families within their congregations.

Assessment

Several pastors in the study shared that they believed that experience with and knowledge of how to assess for addiction issues is critical to their ability to fulfil their pastoral duties. However, although some pastors had specific strategies for how to assess for issues of addiction, others described a gap in knowledge regarding how to differentiate addictions and mental health issues from spiritual issues. One pastor described his assessment strategies included engaging in conversations with individuals by initially deescalating a situation and then following up based on individual need. He explained:

> I'm like slow all of this down. Let's first find out what the issue really is. If someone comes up on a Sunday morning, I'll pull them off to the side, [and invite them] to have a sit-down talk. I want to find out some things in their history, which may have opened certain doors to certain things going on. I've learned that I need some time to listen to what's going on because every time it's not a demon. And sometime [there are addiction] issues we need to try to resolve. [So, I try to] deescalate, and yelling at them is not going to deescalate. I've learned that everything is not a demon, and if you're rebuking something that it's not a demon, you're not gonna get any response. But by having a conversation you find out what is causing something to happen, what happened previously or what happened earlier in the day that this person is now reacting to and that's how we're able to determine whether it's spiritual sometime or whether it is a mental health issue that needs some other type of the assistance.

Alternatively, several pastors reported that when they encounter various issues, they are unclear about what the underlying issue is that needs to be addressed and if it is at all related to issues of addiction. For example, in an individual interview, one pastor explained:

> There have been times when I have had rather confrontational issues with people, and I wasn't sure if I was dealing with a mental issue or a spiritual issue. The difference in between the two is very minute sometimes, and you really don't know what you're dealing with, but you still have to deal with it. So, it's best for someone that's more trained in that to be able to deal with the difference in between; [this would clarify] is this mental or is this spiritual?

Both in the focus groups and within individual interviews, pastors described that being able to assess issues of addiction would help them know what to do to most effectively assist their parishioners. One pastor identified his decision to go back to school for counseling was directly related to this issue. He explained:

> I think a whole lot of times in the Black church we're trying to cast out something that's medical. A whole lot of times we may think that it's a demon. [We think] if it's a mental illness then it's demonic and certain things can be cast out. Well, sometimes with people in churches they don't need to be at the altar getting nothing cast out, they may need to be medicated and we as pastors have to know the difference between whether they need to

be medicated or if we need to be praying to cast something out. Sometimes people just
need a pill.

Collectively, all participants acknowledged that education regarding issues of addiction and knowledge and skills of assessment are critical to their ability to fulfil their pastoral roles. However, participants had various experiences and expertise related to their knowledge of addiction issues and assessment abilities. Such variations unveil that gaps in education and assessment knowledge need to be filled for pastors to serve their communities and congregations most effectively. However, although human services professionals are well positioned to partner with African American pastors in ways that may alleviate such knowledge gaps, participants were clear in their identification of existing barriers to collaborating with human services professionals.

Barriers to Collaboration

Several participants identified that their limited knowledge of addiction issues could be reconciled by individuals or agencies that are more knowledgeable about these issues. However, despite this potential for collaboration, participants identified the existence of barriers that prevented them from forming collaborative relationships. The most consistent barrier to collaborating between human services agencies and African American churches that pastors in this study identified was intimidation. One pastor explained, "Because we didn't have schooling, and maybe [are] not trained…then we are offended by people who are trained. I'm intimidated by this doctor…because she is skilled in the area that I'm not skilled at." Some pastors concurred that feelings of intimidation could lead to social isolation of the very entities that exist to serve populations within their congregations. One pastor elaborated by saying:

What I find sometimes in ministries is that sometimes…there are barriers that are put in place because people are threatened by the training, and or resist it. And we'll find ways to offend you or run you off or make you not feel like you're welcomed to the community of believers and God has sent you there to help.

When describing such barriers of intimidation, several pastors referenced the first author's status of a Ph.D. or professor to juxtapose the gap in education between themselves and the human services professional. Thus, it became apparent that both the gender and educational status of the first author presented barriers to consider and work through when collaborating with African American pastors of smaller churches. When the researcher asked how participants overcame such barriers of intimidation, they referenced the approach of the researcher to understand their roles as pastors. Thus, the vulnerability of human services professionals who recognized the cultural nuances of African American pastors coupled with the collaboration of another African American pastor (the fifth author) alleviated the barriers of intimidation that would otherwise have prevented the pasters from engaging in this study. Several participants concurred that learning both the focus and goal of the research allowed them to identify commonalities between themselves and the researchers in non-threatening ways.

How to Connect with African American Pastors

Despite existing barriers to collaboration, all participants recognized the need to collaborate with human services professionals to meet the needs of their parishioners. Several pastors offered language & strategies for engaging in the work of building collaborative relationships that would enhance the quality of life for their respective congregations. Some strategies were connected to understanding the nuanced pastoral culture and speaking from the

perspective of how services can help pastors fulfill their deep commitment to meet the needs of their congregations. For instance, one pastor said:

> What I found out is that it ain't nothing that God can't fix; but *how he fixes it is the thing*. You say just lay hands…Okay, that might not be His modus operandi to do it that way. You know, He may put on the heart of a special counselor to do what he needs to do…just because they're doctors or lawyers or teachers don't mean they're not anointed. Lord knows I had to realize that. We [are] looking for God to just drop it out the sky, but he uses everything. He made the universe, so he uses the universe and everything in it.

Similarly, another participant stated that "being able to listen to others that have more advanced training, more advanced degrees than we have is critical."

Other recommendations participants shared for initiating collaborations with African American pastors included various strategies that human services professionals can take to help participants alleviate existing gaps in their knowledge of addiction issues and assessment abilities. These strategies included: understanding the nuanced culture of African American pastors of smaller churches in an effort to build collaborative relationships; extending invitations to pastors and leaders of local churches to participate in professional development and continuing education opportunities for learning about addiction issues and assessment skills; and offering assessment training, such as mental health first aid specifically for pastors.

Discussion

Human services practitioners have an ethical obligation to meet the culturally relevant needs of African Americans, including those who have issues of addiction. Ethical guidelines of the NOHS (2015) underscore the importance of practitioners "recognizing and building on the strengths of their clients and respective communities" (Standard 1); becoming "knowledgeable about the communities within which they practice" (Standard 11); and "staying informed about current social issues as they affect clients and communities" (Standard 13). Researchers indicate that more human services practitioners are needed to address the opioid epidemic (Winfield & Rehfuss, 2019). Limiting the advocacy and assistance to individuals solely through traditional means of intervention and prevention agencies could continue to marginalize African American populations (Whitley, 2012). However, there has been a limited information regarding how human services practitioners can build partnerships with African American pastors who are on the front lines of meeting the needs of African Americans impacted by addiction related issues. As a result, this study posits that establishing relationships and interprofessional collaborations with African American pastors positions human services professionals to provide holistic treatment in alignment with professional ethical guidelines (Dilorenzo et al., 2001; Moseley, 2017; Mustain & Helminiak, 2015). Findings indicate that African American pastors of smaller churches are ready to engage in interprofessional collaborations that will help them to best meet the needs of their congregations, provided that such interactions are culturally relevant. Participants reported that the need for establishing interprofessional collaborations between human services practitioners and African American pastors is great due to the existing gaps in understanding issues of addiction and limited resources within smaller churches. This study emphasizes the importance of human services professionals engaging in culturally relevant strategies, like working with African Americans pastors to meet the needs of marginalized clients with issues of addictions. The following sections offer implications for future practice and research based on the findings of this study.

Implications for Future Practice

Consistent with previous research, implications of this study emphasize the importance of building collaborative relationships between African American pastors and human services professionals in culturally relevant ways that serve clients who may seek faith-based interventions for addiction issues (DiLorenzo et al., 2001; Hidalgo et al., 2019). First, it is essential that practitioners understand the nuanced culture of African American pastors who lead smaller churches. They consistently wear multiple hats and fulfill various pastoral roles at all hours of the day and night. Consequently, any human services professional seeking to build collaborative relationships with African American pastors should understand the nature of their roles and be patient when contacting them. This may prevent a delayed or failed response of an African American pastor from being interpreted as disinterest; rather, this should be understood as a function of the enormity of their roles. In addition, understanding such nuances should lead human services professionals to relate to the burnout and professional fatigue that many African American pastors experience; providing resources for self-care might be beneficial.

Humans services professionals should initiate collaborative relationships with African American pastors by highlighting how collaboration can strategically address existing pastoral needs, such as providing additional resources and supports for meeting the needs of parishioners and even professional development opportunities that might assist them in their pastoral role (DiLorenzo et al., 2001; Whitley, 2012). For example, human services professionals might do well to offer African American pastors opportunities to engage in mental health first aid training, continuing education opportunities, and strategies for working with human services interns in ways that are mutually beneficial for both the education of the practitioner and the potential resource provision for the pastors and their congregation. Researchers have documented that such instances of meeting the needs of individuals with issues of addiction through partnering with faith-based organizations offer valuable resources to the community (Hidalgo et al., 2019). In addition, the expressed limitations of study participants to meet the consistent needs of their congregations give rise to the potential for human services educators to partner with African American pastors in ways that might secure innovative internships for their students, such as case management. Such arrangements could be beneficial because African American pastors are often on the front lines of the community, addressing the same issues that human services students are being trained to identify and address. Establishing relationships with African American pastors in ways that underscore how the collaboration can be mutually beneficial is essential for securing successful partnerships. And understanding the nuanced culture of African American pastors must be the foundation of establishing such partnerships.

Implications for Future Research

The current study also yielded various implications for future research. Our sample included pastors of smaller churches, so future research should extend to explore the realities of larger churches. Such exploration could show whether African American pastors of larger churches are able to adequately meet the needs of their congregations who experience issues of addiction. In addition, exploration for how human services professionals can better prepare to engage in culturally relevant strategies to establish collaborations with African American pastors is missing from the current literature. Although many human services programs have an existing requirement to address issues of diversity, little is known about the extent to which such strategies are applicable to African American communities. Finally, exploring how non-traditional community collaborations such as working with African American pastors can enrich

the curricular experience of human services programs through internship is also missing from existing literature. Collectively, such exploration would strengthen the interaction between human services practitioners and African American pastors.

Limitations

This study had some limitations despite the important ways that it unveils the cultural nuances of an understudied population that inform how human services professionals can collaborate to meet the needs of vulnerable populations. One empirical limitation is the limited scope of transferability that this study provides. According to Shenton (2004), "a qualitative study must be understood within the context of the particular characteristics of the organization…and perhaps the geographical area in which the fieldwork is carried out" (p. 70). Consequently, findings from this study only yield an understanding of the cultural nuances of African American pastors within smaller churches in one southeastern state. The extent to which African American pastors perceive themselves to be prepared to meet the needs of parishioners with issues of addiction could vary greatly among larger churches with greater resources, and those from other geographical locations. Another limitation is the pastors' interchangeable characterization of addiction issues with mental health issues. Although we sought to specifically understand the preparedness of African American pastors to address issues of addiction, participants discussed their lack of assessment abilities in terms of addiction and mental health issues. Such interchangeable descriptions make it difficult to determine whether existing gaps of knowledge of assessment were more a reflection of issues of addiction or mental health. Consequently, future studies should differentiate such discussions to clarify if both addiction and mental health, or only one of theses two, is more of an issue for the knowledge base of African American pastors. Nevertheless, the information presented is relevant due to the triangulation of the survey data with the focus group and individual interview data. Thus, the interpretation of gaps in knowledge being reflective of addiction issues was credible based on the methodology used.

Conclusion

It could be difficult for human services professionals to serve African Americans who are skeptical of traditional forms of intervention for issues of addiction; however, it is essential to build collaborative relationships with African American pastors. Such partnerships are well suited for meeting the needs of clients who seek culturally relevant faith-based interventions. When doing so, a key first step is to recognize and understand the cultural nuances of African American pastors. This is vital to breaking down barriers of intimidation that could exist inadvertently between pastors and human services professionals. When cultural barriers are alleviated, professional relationships between human services practitioners and African American pastors can be mutually beneficial. Human services professionals can be instrumental resources to African American pastors by providing training on how to assess for issues of addiction and mental health. Well established and maintained partnerships might even have the potential to serve as mutually beneficial practice sites for human services interns, thus lessening the potential for burnout and fatigue among African American pastors, while providing innovative learning sites for emerging human services professionals.

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